



Review Article

Volume 15 Issue 04

April 2026

KATISOOLA (LOW BACK PAIN): A CLASSICAL REVIEW OF NIDANA, SAMPRAPTI, AND CHIKITSA

***Dr. Vikas Yadav¹, Dr. AP Singh², Dr. Sruthi Sajeev³**

¹PG Scholar MD, Department of Kayachikitsa, Kunwar Shekhar Vijendar Ayurved medical college & research centre Gangoh Saharanpur UP- 247341

²Guide, H.O.D. & Professor, Department of Kayachikitsa, Kunwar Shekhar Vijendar Ayurved medical college & research centre Gangoh Saharanpur UP- 247341

³Co-Guide & Assistant Professor, Department of Kayachikitsa, Kunwar Shekhar vijendar Ayurved medical college & research centre Gangoh Saharanpur UP- 247341

***Corresponding Author-** Dr. Vikas Yadav, PG Scholar MD, Department of Kayachikitsa, Kunwar Shekhar Vijendar Ayurved medical college & research centre Gangoh Saharanpur UP- 247341

ABSTRACT

Background: *Katisoola* is a commonly described condition in Ayurveda, characterized by pain and stiffness in the *Kati Pradesh*. It is primarily considered a *Vata Pradhana Vyadhi*, though association with *Kapha* is also described in certain stages. In contemporary medicine, this condition closely correlates with Low Back Pain, which is one of the leading causes of disability and reduced quality of life across all age groups. Classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* provide detailed descriptions regarding its causative factors, pathogenesis, and management. **Aim:** To review and analyze *Katisoola* with respect to its *Nidana*, *Samprapti*, and *Chikitsa* as described in classical Ayurvedic literature and to establish its relevance with Low Back Pain. **Objectives:** To study the *Nidana* of *Katisoola* described in classical Ayurvedic texts. To understand the *Samprapti* of *Katisoola* with special emphasis on *Vata Dosha*. To review the principles of *Chikitsa* for *Katisoola* as mentioned by the Acharyas. To correlate *Katisoola* with Low Back Pain from a

138

contemporary clinical perspective. **Materials and Methods:** A literary review was conducted by critically analyzing classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and relevant commentaries. Supporting information from modern medical literature related to Low Back Pain was also reviewed for correlation.

Results: The review highlights that *Katisoola* predominantly arises due to *Vata Prakopa* caused by faulty posture, excessive physical strain, improper dietary habits, and suppression of natural urges. The *Samprapti* involves *Vata Dushti* localized in the *Kati Pradesh*, leading to pain, stiffness, and restricted movements. *Chikitsa* principles such as *Snehana*, *Swedana*, *Basti*, and use of *Vata Shamaka Aushadha* are emphasized as effective modalities.

Conclusion: *Katisoola* is a well-defined clinical entity in Ayurveda with a clear description of its *Nidana*, *Samprapti*, and *Chikitsa*. Ayurvedic management, based on *Vata Shamana* and *Samprapti Vighatana*, offers a holistic and effective approach for managing Low Back Pain and improving functional outcomes.

Keywords: *Katisoola*, Low Back Pain, *Nidana*, *Samprapti*, *Chikitsa*, *Vata Dosha*

INTRODUCTION

Katisoola is one of the commonly encountered painful musculoskeletal conditions described in Ayurveda, characterized mainly by pain, stiffness, and restricted movements in the *Kati Pradesh*. The *Kati* region plays a crucial role in maintaining posture, balance, and locomotion, and any disorder affecting this area significantly hampers daily activities. Classical Ayurvedic texts consider *Katisoola* primarily as a *Vata Pradhana Vyadhi*, as pain (*Soola*) is a cardinal feature of aggravated *Vata Dosha*. Due to the active and load-bearing nature of this region, it is highly susceptible to *Vata Prakopa*.¹

According to Ayurveda, improper lifestyle practices such as excessive physical exertion, prolonged sitting, faulty posture, suppression of natural urges, inadequate rest, and consumption of *Vata Vardhaka Ahara* play an important role in the manifestation of *Katisoola*. These factors lead to derangement of *Vata Dosha*, which then localizes in the *Kati Pradesh* due to *Sthana Vaigunya*. Over time, this results in pain, rigidity, and difficulty in movements, affecting both physical efficiency and quality of life.²

In contemporary medicine, *Katisoola* can be clinically correlated with Low Back Pain, which is recognized as a major global health problem affecting individuals across all age groups.

Rapid urbanization, sedentary lifestyle, long working hours, lack of physical activity, and increasing psychological stress have contributed to the rising prevalence of Low Back Pain. Despite advances in modern diagnostics and therapeutics, long-term relief remains a challenge due to recurrence and adverse effects associated with prolonged use of analgesics and anti-inflammatory drugs.³

Ayurveda offers a comprehensive approach to *Katisoola* through detailed descriptions of *Nidana*, *Samprapti*, and *Chikitsa*. The emphasis is laid on *Samprapti Vighatana* by correcting the underlying *Vata Dushti* using modalities such as *Snehana*, *Swedana*, *Basti*, and appropriate *Vata Shamaka Aushadha*. Thus, understanding *Katisoola* from a classical Ayurvedic perspective provides a holistic and sustainable framework for the effective management of Low Back Pain.⁴

AIM AND OBJECTIVES

Aim:

To review and analyze *Katisoola* with respect to its *Nidana*, *Samprapti*, and *Chikitsa* as described in classical Ayurvedic literature and to establish its relevance with Low Back Pain.

Objectives:

1. To study the *Nidana* of *Katisoola* described in classical Ayurvedic texts.
2. To understand the *Samprapti* of *Katisoola* with special emphasis on *Vata Dosha*.
3. To review the principles of *Chikitsa* for *Katisoola* as mentioned by the Acharyas.
4. To correlate *Katisoola* with Low Back Pain from a contemporary clinical perspective.

MATERIALS AND METHODS

The present study was designed as a classical literary review focusing on *Katisoola*. Relevant references regarding *Nidana*, *Samprapti*, and *Chikitsa* were collected from classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, along with their authoritative commentaries, and standard Ayurvedic textbooks. To establish correlation with Low Back Pain, modern medical textbooks and published review articles were also consulted. The collected material was systematically compiled, critically analyzed, and interpreted to present a comprehensive understanding of *Katisoola* without involving any clinical or experimental intervention.

CONCEPTUAL STUDY

KATISHOOLA

Katishoola is a commonly described painful condition in Ayurveda, characterized by pain and stiffness localized to the *Kati Pradesh*. Pain (*Shoola*) is a cardinal feature of aggravated *Vata Dosha*, and hence *Katishoola* is predominantly considered a *Vata Pradhana Vyadhi*. The *Kati* region acts as a major structural and functional support for posture and locomotion, making it highly prone to strain, degeneration, and *Vata Prakopa* due to continuous movement and load-bearing activity.⁵

According to Ayurvedic classics, faulty dietary habits and lifestyle practices play a key role in the manifestation of *Katishoola*. Excessive physical exertion, prolonged sitting or standing, wrong posture, lifting heavy objects, suppression of natural urges (*Vegadharana*), irregular sleep, and mental stress lead to aggravation of *Vata Dosha*. Dietary factors such as intake of dry, cold, and irregular food further disturb *Vata*, creating *Sthana Vaigunya* in the *Kati Pradesh* and allowing the disease to localize and progress.⁶

In modern clinical practice, *Katishoola* closely correlates with Low Back Pain, which is one of the most prevalent musculoskeletal disorders worldwide. The rising incidence is largely attributed to sedentary lifestyle, occupational stress, lack of physical conditioning, and advancing age. Ayurveda offers a holistic approach to the management of *Katishoola* through detailed understanding of its *Nidana*, *Samprapti*, and *Chikitsa*, focusing on *Vata Shamana*, correction of causative factors, and prevention of recurrence.⁷

Poorvaroopa (Prodromal Symptoms)

Poorvaroopa of *Katishoola* represent the early and subtle manifestations that appear before the full development of the disease. These symptoms arise due to mild aggravation of *Vata Dosha* in the *Kati Pradesh* and often indicate impending disease if *Nidana* continues. Common *Poorvaroopa* include occasional discomfort or vague pain in the low back, a feeling of heaviness or fatigue in the lumbar region after mild exertion, mild stiffness especially after rest or in the early morning, and difficulty in maintaining the same posture for a long duration. Patients may also experience dryness, tightness, or a pulling sensation in the *Kati Pradesh*, along with early restriction of movements during bending or twisting.⁸

Roopa (Clinical Features)

Roopa of Katishoola manifest when *Vata Dosha* becomes fully aggravated and localized in the *Kati Pradesh*. The cardinal symptom is pain (*Shoola*) in the low back, which may be sharp, pricking, or aching in nature and is often aggravated by movement, exertion, exposure to cold, or prolonged postures. Stiffness (*Stambha*) and restricted movements are commonly observed, making activities such as bending, standing, sitting, or walking difficult. In some cases, heaviness, tightness, or spasm may be present due to association of *Kapha Dosha*, while burning sensation or irritability may be noted when *Pitta Dosha* is involved. Chronic cases may present with weakness of the low back, recurrent pain episodes, and reduced functional capacity.⁹

Nidana (Etiology and Triggering Factors)

In Ayurveda, pain (*Soola*) is a classical sign of aggravated *Vata Dosha*, so *Katisoola* is understood mainly as a *Vata Pradhana Vyadhi* affecting the *Kati Pradesh*. The causative factors can be understood under lifestyle, dietary, occupational, trauma-related, and age-related causes. Most patients develop the condition due to repeated micro-strain and long-standing habits rather than a single event.¹⁰

A. Ahara (Dietary Nidana)

Diet that increases dryness, lightness, coldness, and irregular digestion leads to *Vata Prakopa* and weakens tissue nourishment, making the low back vulnerable.

- Excess intake of dry and rough foods: roasted, baked, processed snacks; very low-oil diet.
- Excess intake of cold food and drinks, frequent cold-water intake.
- Irregular eating habits: late meals, skipping meals, overeating after long gaps.
- Inadequate nourishment: under-eating, dieting, fasting, or repeated *Langhana* without proper recovery.
- Excess use of pungent, bitter, astringent tastes (when taken excessively or without balance) leading to dryness.
- Poor digestive strength and improper digestion leading to formation of *Ama* (when digestion is weak), which can worsen stiffness and heaviness, especially when *Kapha* joins.

B. Vihara (Lifestyle and Behavioral Nidana)

These are the most common real-life triggers for low back pain patterns.

- Excessive physical exertion (*Ativyayama*), especially without conditioning.
- Lifting heavy weights, wrong lifting technique, sudden twisting movements.
- Prolonged standing, prolonged sitting, long driving hours.
- Wrong posture during work, study, or sleep.
- Excess walking or running on hard surfaces.
- Excess sexual activity in physically depleted individuals (classically linked to *Vata* aggravation).
- Night awakening, insufficient sleep, irregular sleep routine, day sleep in some people (may increase stiffness and heaviness by disturbing balance).
- Exposure to cold wind, cold climate, cold water bath, sleeping on cold floors.
- Suppression of natural urges (*Vegadharana*), especially urge of flatus and stool, which directly disturbs pelvic-lumbo-sacral functional balance and aggravates *Vata*.

C. Occupational and Mechanical Causes

- Desk work with poor ergonomics.
- Jobs involving repetitive bending, twisting, carrying, pushing, pulling.
- Long hours of two-wheeler driving.
- Sudden unplanned physical work after a sedentary routine.
- Poor core strength and deconditioned back musculature (modern correlation), which Ayurveda may interpret as reduced support and *Sthana Vaigunya*.

D. Trauma and Structural Causes (*Abhighata*)

- Falls, slips, sudden jerk injury.
- Recurrent minor injuries.
- Past history of back strain that never fully rehabilitated.

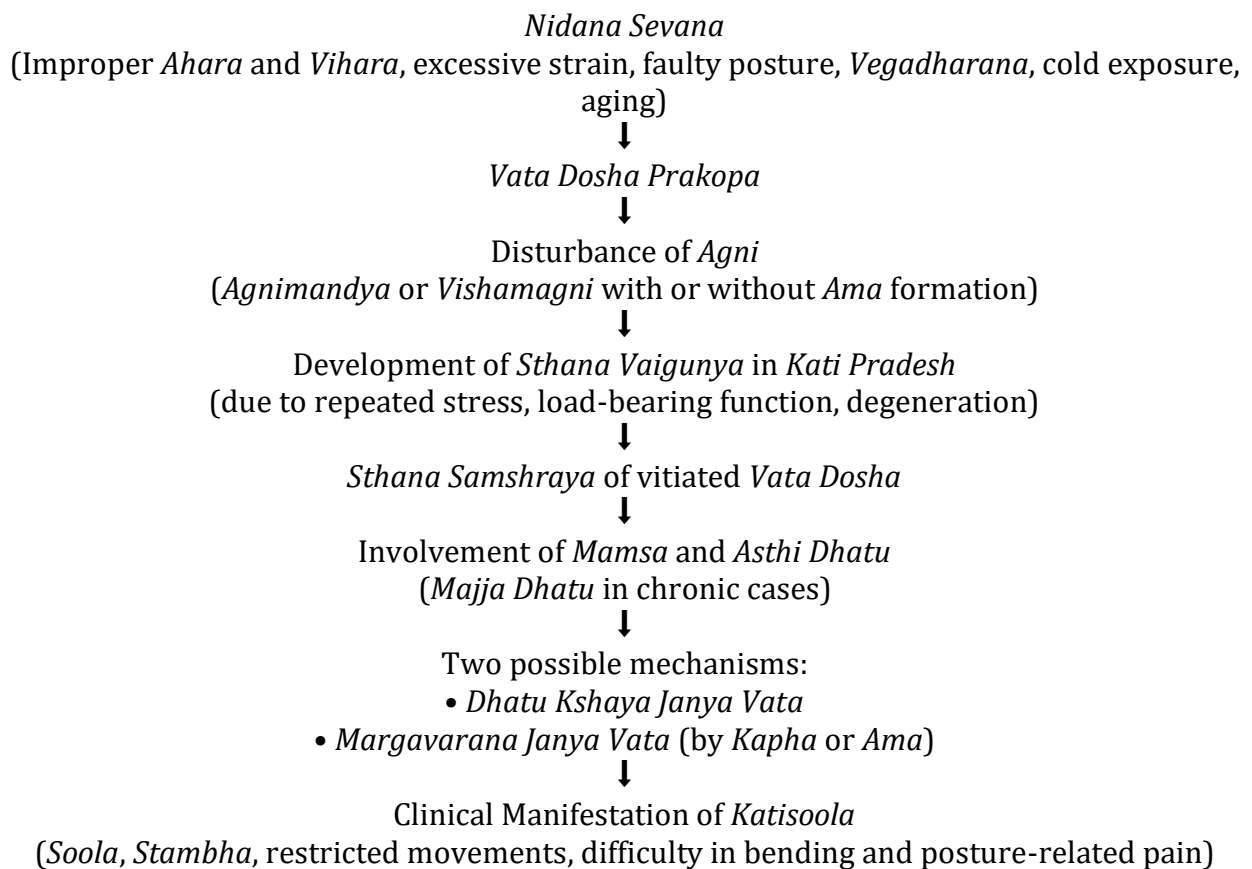
E. Age and Tissue Factors

- With advancing age, *Vata* naturally increases. Degenerative changes and reduced tissue lubrication can be understood under *Dhatu Kshaya* with *Vata Vriddhi*.
- Poor nutrition, chronic stress, and long-term illness contribute to low tissue resilience.

Samprapti

Due to continuous indulgence in the above *Nidana*, *Vata Dosha* becomes aggravated and either circulates in the body or localizes in the *Kati Pradesh*, which is a structurally stressed and functionally active region. The aggravated *Vata* affects mainly the *Mamsa* and *Asthi Dhatu*, producing pain, stiffness, and restricted movements. In conditions of tissue depletion (*Dhatu Kshaya*), dryness and degeneration predominate, resulting in chronic and recurrent pain. When *Kapha Dosha* or *Ama* obstructs the normal movement of *Vata* (*Margavarana*), stiffness and heaviness become prominent features. Thus, the *Samprapti* of *Katisoola* is chiefly *Vata Pradhana*, with variable involvement of *Kapha* depending on the stage and chronicity of the disease.¹¹

Samprapti of Katisoola



C. *Samprapti Ghataka (Components) of Katisoola*

Component	Description
Dosha	<i>Vata Dosha</i> is predominant, with possible association of <i>Kapha</i> or <i>Pitta</i> depending on symptoms.
Dushya	Mainly <i>Mamsa</i> and <i>Asthi Dhatu</i> ; <i>Majja Dhatu</i> involved in chronic cases.
Srotas	Functional involvement of <i>Mamsavaha Srotas</i> and <i>Asthivaha Srotas</i> .
Adhishthana	<i>Kati Pradesh</i> .
Agni	Often disturbed, showing <i>Ama</i> tendency or irregular digestion.
Roga Marga	Predominantly <i>Madhyama Roga Marga</i> .

Chikitsa of Katishoola

The management of *Katishoola* in Ayurveda is fundamentally based on the principle of *Samprapti Vighatana*, with prime emphasis on *Vata Shamana*. Since *Vata Dosha* is the chief pathological factor responsible for pain (*Shoola*), stiffness, and restricted movements, treatment is planned to pacify aggravated *Vata*, restore its normal gati, and strengthen the affected tissues of the *Kati Pradesh*. A comprehensive approach is always advocated rather than symptomatic relief alone.¹²

The first and most essential step in the management of *Katishoola* is *Nidana Parivarjana*. Avoidance of causative factors such as excessive physical exertion, improper posture, prolonged sitting or standing, lifting heavy weights, exposure to cold, suppression of natural urges (*Vegadharana*), and irregular dietary habits is crucial. Without eliminating these factors, therapeutic measures may provide only temporary relief and recurrence remains common. Correction of posture, ergonomic modification at workplace, adequate rest, and regulated daily routine help in reducing further *Vata Prakopa*.¹³

External therapies play a significant role in relieving pain and stiffness in *Katishoola*. *Snehana* is employed to counteract the dry (*Ruksha*) and rough qualities of aggravated *Vata*. Local application and massage of medicated oils over the *Kati Pradesh* help in reducing muscle spasm, improving flexibility, and providing nourishment to the underlying *Mamsa* and *Asthi Dhatu*. Following *Snehana*, *Swedana* is administered to relieve *Stambha* and allow free

movement of *Vata*. Sudation helps in softening tissues, improving local circulation, and reducing rigidity, thereby enhancing functional mobility of the low back.¹⁴

Among all therapeutic procedures, *Basti* is regarded as the most important and effective intervention in *Katishoola*, as it directly targets *Vata Dosha*, which is considered the prime controller of movement and pain. Since the principal site of *Vata* is the *Pakvashaya*, *Basti* acts at the root of the pathology. Depending on the stage and presentation of the disease, appropriate forms of *Basti* are selected to pacify *Vata*, relieve pain, improve nourishment, and prevent recurrence. In chronic and recurrent cases, *Basti* therapy provides deeper and sustained relief compared to local treatments alone.¹⁵

Internal administration of *Vata Shamaka Aushadha* forms another important component of management. Such medications help in pacifying aggravated *Vata*, correcting disturbed *Agni*, reducing pain, and supporting tissue regeneration. Selection of internal medicines depends upon the dominance of associated *Dosha*, chronicity of the condition, digestive status, and overall strength of the patient. Along with medicines, regulation of diet and lifestyle is strongly emphasized. Intake of warm, unctuous, easily digestible food and avoidance of dry, cold, and irregular meals help in maintaining *Vata* balance and preventing further tissue depletion.¹⁶

Thus, the *Chikitsa* of *Katishoola* is holistic and multidimensional, addressing the disease at its root rather than merely suppressing symptoms. By combining *Nidana Parivarjana*, external therapies, *Basti*, internal medication, and proper lifestyle modification, Ayurveda aims to provide sustained pain relief, restore functional capacity, and prevent recurrence, thereby improving overall quality of life in patients suffering from *Katishoola*.¹⁷

LOW BACK PAIN

Low Back Pain (LBP) is one of the most common musculoskeletal complaints encountered in clinical practice and affects individuals across all age groups. It is defined as pain or discomfort localized between the costal margins and the inferior gluteal folds, with or without radiation to the lower limbs. LBP may present as acute, subacute, or chronic depending on duration, and it can significantly interfere with daily activities, work performance, and overall quality of life. In most cases, the pain is mechanical in nature and related to muscles, ligaments, intervertebral discs, or facet joints.¹⁸

Modern lifestyle factors such as prolonged sitting, sedentary habits, poor posture, obesity, lack of physical conditioning, and occupational strain have contributed to the increasing prevalence of LBP. Although advanced imaging techniques are available, in a large proportion of patients no definite structural pathology is identified, and the condition is termed non-specific Low Back Pain. Recurrent episodes and chronicity are common, making LBP a major cause of disability and socioeconomic burden worldwide.¹⁹

Epidemiology

Low Back Pain is among the leading causes of years lived with disability globally. It is estimated that a majority of individuals experience at least one episode of LBP during their lifetime. The condition is more prevalent in adults between the third and sixth decades of life, though younger individuals are increasingly affected due to sedentary lifestyle and prolonged screen time. Occupational factors such as desk work, manual labor, long driving hours, and repetitive bending or lifting significantly increase risk. Both males and females are affected, with slightly higher chronicity reported in females.²⁰

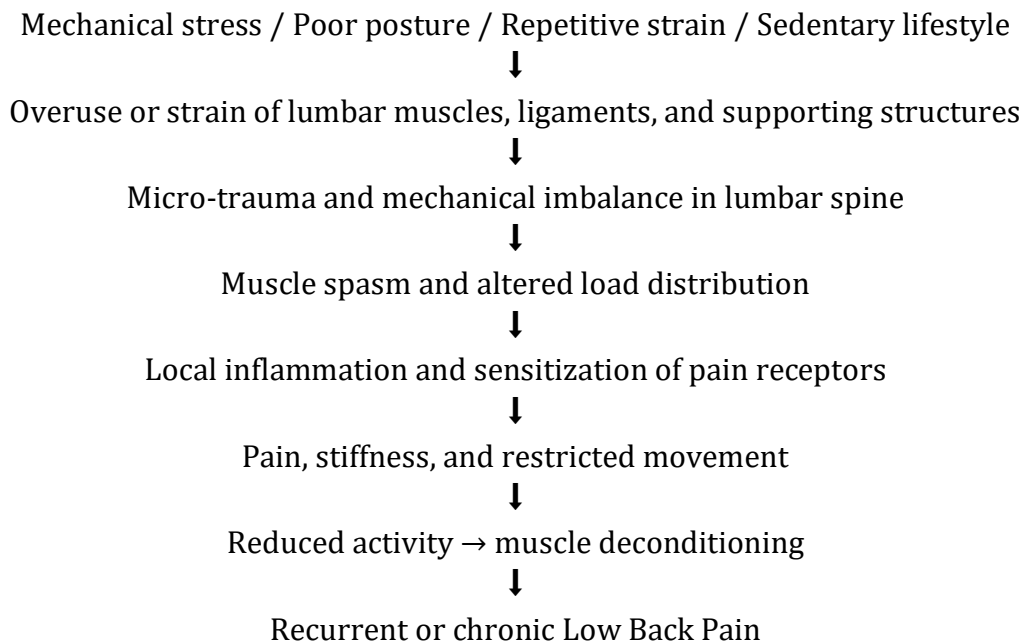
Prodromal Symptoms

Prodromal symptoms of Low Back Pain are often subtle and appear before the onset of significant pain. These include a feeling of discomfort or heaviness in the lower back, mild stiffness especially after rest or on waking, fatigue in the lumbar region after prolonged sitting or standing, and reduced flexibility during bending or twisting. Occasional dull ache following exertion or poor posture may also be noted, indicating early mechanical strain.²¹

Symptoms

The primary symptom of Low Back Pain is pain localized to the lumbar region, which may be dull, aching, sharp, or stabbing in nature. Stiffness of the lower back, restricted range of motion, and difficulty in activities such as bending, standing up from sitting, or prolonged walking are common. Pain may worsen with movement, prolonged posture, lifting, or exertion and may improve with rest. In some cases, pain may radiate to the buttocks or lower limbs, and chronic cases may be associated with muscle tightness, weakness, and reduced functional capacity.²²

Pathogenesis



Management

Management of Low Back Pain focuses on pain relief, restoration of function, and prevention of recurrence. Initial treatment includes activity modification, avoidance of prolonged bed rest, and gradual return to normal movement. Analgesics and anti-inflammatory medications are commonly used for short-term pain control, while muscle relaxants may be prescribed in cases of spasm. Physical therapy plays a central role and includes stretching, strengthening of core and back muscles, posture correction, and ergonomic advice.²³

Lifestyle modification is essential for long-term management and prevention. Regular physical activity, weight management, proper sitting and lifting techniques, and workplace ergonomic correction significantly reduce recurrence. In chronic or recurrent cases, multidisciplinary approaches including exercise therapy, behavioral therapy, and patient education are recommended. Surgical intervention is reserved for selected cases with definite structural pathology or neurological deficits.²⁴

RESULTS AND FINDINGS

- The review revealed that *Katishoola* described in Ayurvedic literature closely correlates with Low Back Pain in modern medicine with respect to site, symptomatology, and functional impairment.

- *Vata Dosha* was identified as the primary pathogenic factor in *Katishoola*, while *Kapha* and *Pitta* act as associated *Dosha* depending on clinical presentation and chronicity.
- Improper *Ahara* and *Vihara*, faulty posture, excessive physical exertion, sedentary lifestyle, and *Vegadharana* were found to be common etiological factors in both *Katishoola* and Low Back Pain.
- The *Samprapti* of *Katishoola* mainly involves *Vata Prakopa* with *Sthana Vaigunya* in the *Kati Pradesh*, leading to involvement of *Mamsa* and *Asthi Dhatu*, and *Majja Dhatu* in chronic cases.
- External therapies such as *Snehana* and *Swedana* were found to be effective in reducing pain, stiffness, and muscle spasm in the lumbar region.
- *Basti* therapy emerged as the most significant intervention for sustained relief due to its direct action on *Vata Dosha* and role in preventing recurrence.
- Internal administration of *Vata Shamaka Aushadha*, along with dietary regulation and lifestyle modification, supported tissue nourishment and functional recovery.
- The holistic Ayurvedic approach focusing on *Samprapti Vighatana* provided comprehensive management by addressing both symptom relief and underlying pathology.

DISCUSSION

The present review highlights that *Katishoola* is predominantly a *Vata Pradhana Vyadhi*, and the clinical features described in classical Ayurvedic texts closely resemble those of Low Back Pain recognized in modern medicine. Pain (*Shoola*), stiffness (*Stambha*), and restricted movements are common manifestations in both systems, indicating a strong conceptual overlap. The Ayurvedic emphasis on *Ahara* and *Vihara* as key etiological factors is particularly relevant in the present era, where sedentary lifestyle, faulty posture, and occupational strain are major contributors to Low Back Pain.²⁵

Analysis of the *Samprapti* of *Katishoola* provides a logical explanation for the chronic and recurrent nature of Low Back Pain. Aggravated *Vata Dosha* localizes in the *Kati Pradesh* due to *Sthana Vaigunya*, resulting from continuous mechanical stress and degeneration. In early stages, pain may be functional and reversible, whereas in chronic cases, involvement of

deeper tissues such as *Asthi* and *Majja Dhatu* explains persistence, recurrence, and reduced functional capacity. The concepts of *Dhatu Kshaya* and *Margavarana* help in understanding the varied clinical presentations seen in practice.²⁶

The *Chikitsa* principles of *Katishoola* offer a comprehensive and sustainable approach to management when compared to purely symptomatic treatment. External therapies such as *Snehana* and *Swedana* address local pathology, while *Basti* targets the root cause by pacifying *Vata Dosh*. Internal medication, dietary regulation, and lifestyle modification further support tissue nourishment and prevention of recurrence. Thus, the holistic Ayurvedic approach not only alleviates pain but also restores functional balance and improves long-term outcomes in patients suffering from Low Back Pain.²⁷

CONCLUSION

The present review concludes that *Katishoola* is a well-defined *Vata Pradhana Vyadhi* in Ayurveda that closely corresponds with Low Back Pain described in modern medicine. Faulty lifestyle practices, improper posture, and mechanical strain play a central role in its pathogenesis through *Vata Prakopa* and *Sthana Vaigunya* in the *Kati Pradesh*. Ayurvedic understanding of *Nidana*, *Samprapti*, and *Chikitsa* provides a holistic framework for management, emphasizing *Vata Shamana*, *Samprapti Vighatana*, and prevention of recurrence. Through appropriate external therapies, *Basti*, internal medication, and lifestyle modification, Ayurveda offers a sustainable and effective approach for pain relief, functional restoration, and improvement in quality of life in patients with *Katishoola*.

CONFLICT OF INTEREST- NIL

SOURCE OF SUPPROT -NONE

REFERENCES

1. Charaka. *Charaka Samhita with Ayurveda Dipika* commentary of Chakrapani Datta. Sutrasthana. Varanasi: Chaukhambha Surbharati Prakashan; Reprint edition.
2. Sushruta. *Sushruta Samhita with Nibandha Sangraha* commentary of Dalhana. Nidanasthana. Varanasi: Chaukhambha Orientalia; Reprint edition.
3. Vagbhata. *Ashtanga Hridaya with Sarvangasundara* commentary of Arunadatta. Sutrasthana. Varanasi: Chaukhambha Surbharati Prakashan; Reprint edition.

4. Vagbhata. *Ashtanga Sangraha* with commentary. Sutrasthana. Varanasi: Chaukhambha Orientalia; Reprint edition.
5. Sharma RK, Dash B. *Charaka Samhita*. Vol I–III. Varanasi: Chaukhambha Sanskrit Series Office; Reprint edition.
6. Shastri AD. *Sushruta Samhita*. Vol I–II. Varanasi: Chaukhambha Sanskrit Sansthan; Reprint edition.
7. Tripathi B. *Ashtanga Hridaya*. Varanasi: Chaukhambha Sanskrit Pratishtan; Reprint edition.
8. Sharma PV. *Dravyaguna Vijnana*. Vol I. Varanasi: Chaukhambha Bharati Academy; Reprint edition.
9. Sharma PV. *Kayachikitsa*. Vol II. Varanasi: Chaukhambha Orientalia; Reprint edition.
10. Acharya YT. *Charaka Samhita* (Critical Edition). Varanasi: Chaukhambha Surbharati Prakashan; Reprint edition.
11. Mishra B. *Bhavaprakasha*. Varanasi: Chaukhambha Sanskrit Bhawan; Reprint edition.
12. Tripathi I. *Rasaratna Samuccaya*. Varanasi: Chaukhambha Sanskrit Bhawan; Reprint edition.
13. Ghanekar BG. *Sushruta Samhita Sharira Sthana*. Pune: Meharchand Lachhmandas Publications; Reprint edition.
14. Srikantha Murthy KR. *Ashtanga Hridaya* (English translation). Varanasi: Chaukhambha Krishnadas Academy; Reprint edition.
15. Andersson GBJ. Epidemiological features of chronic low back pain. *Lancet*. 1999;354:581–585.
16. Airaksinen O, Brox JI, Cedraschi C, et al. Chapter 4: European guidelines for the management of chronic nonspecific low back pain. *Eur Spine J*. 2006;15(Suppl 2):S192–S300.
17. Walker BF. The prevalence of low back pain: a systematic review of the literature from 1966 to 1998. *J Spinal Disord*. 2000;13(3):205–217.
18. Deyo RA, Weinstein JN. Low back pain. *N Engl J Med*. 2001;344(5):363–370.

19. Hoy D, Bain C, Williams G, et al. A systematic review of the global prevalence of low back pain. *Arthritis Rheum.* 2012;64(6):2028–2037.
20. Hart LG, Deyo RA, Cherkin DC. Physician office visits for low back pain. *Spine.* 1995;20(1):11–19.
21. Frymoyer JW. Back pain and sciatica. *N Engl J Med.* 1988;318:291–300.
22. Balague F, Mannion AF, Pellise F, Cedraschi C. Non-specific low back pain. *Lancet.* 2012;379:482–491.
23. Van Tulder M, Becker A, Bekkering T, et al. European guidelines for the management of acute nonspecific low back pain. *Eur Spine J.* 2006;15(Suppl 2):S169–S191.
24. Qaseem A, Wilt TJ, McLean RM, Forciea MA. Noninvasive treatments for acute, subacute, and chronic low back pain. *Ann Intern Med.* 2017;166(7):514–530.
25. Sharma H, Chandola HM, Singh G, Basisht G. Utilization of Ayurveda in health care: An approach for prevention, health promotion, and treatment of disease. *Part 2. J Altern Complement Med.* 2007;13(10):1135–1150.
26. Patwardhan B, Warude D, Pushpangadan P, Bhatt N. Ayurveda and traditional Chinese medicine: A comparative overview. *Evid Based Complement Alternat Med.* 2005;2(4):465–473.
27. WHO. *Low Back Pain: Priority Medicines for Europe and the World.* Geneva: World Health Organization; 2013.